

STUDENT CONDUCT and COMMUNITY RESPONSIBILITIES
at the
ILLINOIS STATE UNIVERSITY

Family Educational Rights and Privacy Act (FERPA)
Student Waiver Form

Name: _____

Address: _____

UID: _____

Phone: _____

Email: _____

I, the above listed student or former student, request that access to disciplinary records maintained under my name within Student Conduct and Community Responsibilities be shared with:

Name of Recipient: _____

Address: _____

Email: _____ Phone: _____

Check one option:

All disciplinary records: _____

For this meeting only: _____ (held on _____) For the duration of this case only: _____ (IR# _____)

I understand that all disciplinary records are maintained in accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974. As a result of signing this waiver, I realize that the above-named person/agency shall receive verbal disclosure and/or written access to my records as requested.

Student Signature: _____ Date: _____

Printed Name (student): _____

If you have any questions about reviewing your records, please contact SCCR at (309) 438-8621.